CBM003 ADD/CHANGE FORM

Undergraduate Council
☐ New Course ☒ Course Change
Core Category: NONE Effective Fall 2011

Graduate/Professional Studies Council
☐ New Course ☐ Course Change

Effective Fall __

1. Department: Health and Human Performance College: CLASS

2. Faculty Contact Person: Sharon Bode Telephone: 34112 Email: sbode@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     NUTR / 3336 / Nutritional Pathophysiology
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     NUTR / 3336 / NUTRITIONAL PATHOPHYSIOLOGY
   - SCH: 3.00 Level: IR CIP Code: 19.0501.00 07 Lect Hrs: 3 Lab Hrs: 0

4. Justification for adding/Changing course: To reflect change in prerequisite course

5. Was the proposed/revised course previously offered as a special topics course? ☐ Yes ☒ No
   If Yes, please complete:
   - Instructional Area / Course Number / Long Course Title:
     ____ / ____ / ____
   - Course ID: ____ Effective Date (Currently active row): ____

6. Authorized Degree Program(s): B.S. Human Nutrition and Foods
   - Does this course affect major/minor requirements in the College/Department? ☐ Yes ☒ No
   - Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☒ No
   - Can the course be repeated for credit? ☐ Yes ☒ No (If yes, include in course description)

7. Grade Option: Letter (A, B, C...) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)

8. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title
   NUTR / 3336 / Nutritional Pathophysiology
   - Course ID: 45460 Effective Date (Currently active row): 08/25/2008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: Junior standing, NUTR 2332, BIOL 1334, 1134, 1344, and 1144.
   Description (30 words max.): Abnormal, diseased physiological processes of various pathological
   conditions involving the cardiovascular and metabolic systems and their relationship to diet and nutrition.

10. Dean’s Signature: ______________________________ Date: __/__/2010

Print/Type Name: Dr. Sarah Fishman

- Created on 9/22/2010 10:43:00 AM -